Musculoskeletal Appeals
Frequently Asked Questions

Will eviCore healthcare accept customer appeals?

Yes, eviCore healthcare provides first-level customer precertification appeals for customers with an employer group plan. Appeals for individual plans or for fully-insured customers in a state that requires a single-level appeal process with a committee hearing should be submitted to Cigna. Any UM appeal for customers beyond the first level should be submitted to Cigna.

Will eviCore healthcare accept authorization or claim appeals from providers?

Yes, eviCore will support first-level participating provider appeals for failure to secure authorization or if an appeal requires medical necessity review.

When can an appeal be submitted to eviCore healthcare?

An appeal can be submitted to eviCore healthcare when a claim is denied for no precertification on file, or when a request is denied for not meeting medical necessity criteria. eviCore healthcare will accept requests for initial appeals up to – and including – 180 calendar days (timeframes may be different based on state mandates) after the initial adverse determination was made

If precertification was not received in advance of the procedure, an appeal can be submitted; however, there must be documentation to support that the procedure was considered urgent or emergent. Additionally, appeals can be made in certain extenuating circumstances and will require medical necessity review including:

- A natural disaster
- A customer who did not present insurance or presented incorrect insurance information

If you were informed that precertification was not required, documentation must be submitted to us that includes:

- A print screen from our website showing “No PA required”

- A call reference number from eviCore healthcare or Cigna

Who can request an appeal?

A Cigna customer – or the customer's health care professional on behalf of the customer – may request a UM appeal. A health care professional can submit a claim appeal.

How should appeal requests be submitted?

Only written appeals will be accepted. Oral requests for appeals will not be accepted. An appeal review does not begin until a formal written appeal is received. Appeals can be mailed, faxed, or emailed.

- **Mail:** 730 Cool Springs Blvd, Ste 800 | Franklin, TN 37067
- **Fax:** 615.468.4469
- **Email:** appealsclaimsissues@evicore.com

Claim Appeals, please mail to the below address:

- **Mail:** eviCore healthcare
  Attn: Claim Appeals
  400 Buckwalter Place Blvd.
  Bluffton, SC 29910

How will I receive my appeal decision?

Once an appeal review is completed and a decision is made, the Cigna customer or the health care professional appealing on behalf of the customer will be notified by mail within sixty calendar days from the appeal request (timeframes may be different based on state mandates).

Important Notes:

- Please review your determination letter that includes state regulated exceptions and timeframes.

- Health care professionals who have a non-standard contract for timely filing of appeals (or number of levels of appeals) must submit the non-standard contract

information with the appeal.

- Arizona Medicare appeals are not delegated to eviCore healthcare